LIFTING AND MOVING DEVICES INSPECTION CHECKLIST For use of this form, see TM 5-697; the proponent agency is COE.										
SECTION A - CUSTOMER DATA										
1. PLANT	2. LOCATION						3. JOB NUMBER			
4. EQUIPMENT	5. SYSTEM DESIGN				ESIGN	ATION 6. DATE (YYYYMMDD)		OD)		
7. TEST EQUIPMENT						8. TESTED BY				
SECTION B - EQUIPMENT DATA										
9. CRANE MANUFACTURER	10. N). MODEL NO				11. SERIAL NO	12. LOCATION 13. CAP		CITY	
14. HOIST MANUFACTURER	15. N	5. MODEL NO				16. SERIAL NO	17. LOCATION	18. CAPAC	18. CAPACITY	
SECTION C - VISUAL AND MECHANICAL INSPECTION										
19. CHECK POINT		COND*		N	OTES	CHECK POINT		COND*	NOTES	
EXTERIOR OF EQUIPMENT						EQUIPMENT IDENTIFI	CATION			
COMPLETENESS OF ASSEMBLY						EQUIPMENT CONDITION				
CONTROL SYSTEM DISPLAY						CAPACITY IDENTIFICA				
SAFETY INTERLOCKS						LABELING AND TAGGING				
ELECTRICAL/MECHANICAL INTERLOCKS						END AND/OR SWING				
INSTRUMENTS AND ALARMS						ACCESS				
PROPER GROUNDING						ANCHORAGE				
PROPER INSULATION						COMPARISON TO DR	AWINGS			
CABLE CHAIN CONDITION						ALIGNMENT				
SECTION D - CALIBRATION AND SET POINT										
20.			DESCRIPTION							
LIMIT SWITCHES										
SECTION E - LIFTING AND MOVING DEVICES EQUIPMENT TESTS										
21.		PASS FAIL COMMENTS							NOTES	
LOAD TEST										
TEST ALL BRAKES										
SAFETIES TEST										
ALARMS										
CABLE/HOOK INSPECTION										
OPERATIONAL TEST										
22. NOTES										

 $^{\star}\text{CONDITION: A=ACCEPTABLE; R=NEEDS REPAIR, REPLACEMENT OR ADJUSTMENT; C=CORRECTED; NA=NOT APPLICABLE}$